

O'Berry Center Foundation



Family Support Grants

For more information or to receive
an application please contact:

O'Berry Center Foundation
P.O. Box 1157
Goldsboro, NC 27533-1157

Phone: 919-581-4187
or 919-581-4014

Email: monunc@nc.rr.com

Website:

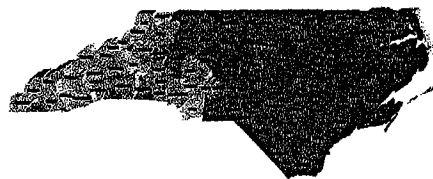
www.oberrycenterfoundation.org

What is the O'Berry Center Foundation?



The O'Berry Center Foundation is a 501c3 nonprofit organization that began in 1990. The mission of the Foundation is to improve the quality of life for individuals with developmental disabilities by funding family support, scholarships, education, and research in the 65 central and eastern North Carolina counties that O'Berry Center Serves.

The Foundation is solely operated through grants and corporate and individual donations. The Foundation receives no state or federal funds. The counties eligible to receive services from the O'Berry Center Foundation are shown on map below in green/blue or check out our website for listing:



Family Support Overview

With the help of a Kate B. Reynolds Charitable Trust Grant in 2006, The O'Berry Center Foundation's Family Support Program continues to provide assistive technology equipment and devices to individuals with developmental disabilities. With this help, these individuals experience a richer quality of life as they can become more actively involved at home, work, school, and recreational activities.

Some examples of Family Support equipment and devices loaned in the past are:

- Orthopedic Devices
- Communication Devices
- Lift and Track Systems
- Recreation Equipment
- Wheelchairs
- Sensory Integration Equipment



Note: This brochure is also available in Spanish. Please see our website for Spanish translation.

Family Support Grant Guidelines

- All equipment is on loan and must be returned when no longer needed.
- Individual must live in one of the 65 counties the Foundation serves (see list on other page).
- Funding amount must not exceed \$5,000, but there is no minimum limit.
- We do not fund the purchase of vehicles.
- We do not fund staff support, individualized therapy or assessments.
- Applicant must have exhausted his/her search of other funding sources.
- Applicant must agree to have a formal evaluation and home visit.
- Applicant must have some form of financial hardship.

**O'Berry Center
Foundation**

Grants are awarded on a quarterly basis. Submission deadlines are:

December 1st June 1st
April 1st September 1st

A Letter from a Family who received a Family Support Grant.....

Please convey our sincerest thanks to all the members of the O'Berry Center Foundation for the funds to purchase the

bike trailer we needed for Martha to join her family on our precious



family outings. The trailer has arrived, been assembled, and already been put to good use out on our local greenway around the lake. One of the neatest things is that I can hear Martha laughing as the wind brushes her face as she sees other people go by while she's riding in the trailer. She truly enjoys it, as do all of us.

Again, we thank the Foundation for recognizing how much we wanted to "include" Martha, and for MAKING IT HAPPEN!

Jennifer R.



HOW CAN YOU HELP THE FOUNDATION?

- You can make a tax exempt donation to the Foundation.
- You can play golf in the Foundation's annual Golf Tournament.
- You can serve as a Sponsor in the Golf Tournament.
- You can make memorial or honorary gifts to the Foundation.
- You can remember the Foundation in your will.
- You can volunteer to help the Foundation with its other activities.

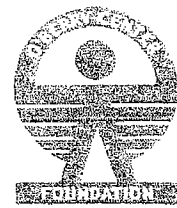


For more information, please contact the
O'Berry Center Foundation at 919-581-4187
or monunc@nc.rr.com

You may also download the application from
our website: www.oberrycenterfoundation.org



O'Berry Center Foundation Family Support Request Form



The O'Berry Center Foundation grants requests for family support only when all other funding sources have been exhausted. Each person requesting assistance from the foundation must provide supporting documentation that they have exhausted their search from other funding sources. All equipment awarded through these grants are on loan to the family and must be returned when they are no longer needed as determined by professional assessments and feedback from individual.

Grants are awarded on a quarterly basis: After the 2nd Tuesday of each of the following months: January, April, July and October. Submission deadlines are December 1st, March 1st, June 1st, and September 1st.

The Foundation only funds equipment requests. The amount of funding available to a family per request cannot exceed \$5,000.00. Please be aware that we send professionals on home visits to assess and confirm the needs identified. We do purchase assistive technology and durable medical goods for individuals but cannot assist with purchasing vehicles. We can help with equipment modifications to existing vehicles if they are in good serviceable condition.

If you are awarded a grant you must agree to have a formal evaluation with the Foundation. This may include photos, a report, or a video that shows how the life of the individual has improved with the addition of the equipment. This will be required no more than four times a year and must occur throughout the time the equipment is on loan.

Summary of Guidelines:

- All equipment is owned by the Foundation, but can be loaned out for as long as equipment is needed.
- Individuals must live in one of the 65 counties the Foundation serves (excluding counties in western part of state).
- Funding amount must not exceed \$5,000, but there is no minimum limit to your request.
- We do not fund the purchase of vehicles.
- Applicant must have exhausted his/her search for other funding sources, and must not be able to afford to purchase the equipment on their own.
- Applicant must agree to have a formal evaluation with the Foundation, which includes home visits and contact a minimum of four times a year, until which time the loaned equipment is no longer needed and is returned to the Foundation.

Required items: If these items are not available the request cannot be processed.

1. A copy of a minimum of one professional evaluation that supports the need for the equipment requested.
2. A list of all others who have not granted you funding.
3. Invoice from the Vendor explaining breakdown of all equipment costs, taxes, and shipping.
4. The attached completed form.

Information that is required for those requesting Grants maybe returned to the Foundation by either:

A. FAX: 919-581-4009 B. Emailed to: monunc@nc.rr.com

C. Or mailed to: The O'Berry Center Foundation

P.O. Box 1157

Goldsboro, NC 27533-1157

Need additional information? Call: 919.581.4187 or go to www.oberrycenterfoundation.org

Be sure to include all requested information or your request cannot be reviewed.



O'Berry Center Foundation Family Support Application Form

Date of Request: _____

1. **Name of the Person Requesting the Assistance:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

If Case Manager: Provide the following information:

County _____ Private Provider: _____

Telephone Number: _____ - _____ - _____ Email Address: _____

2. **Name of the individual who will benefit/use the equipment if different from above:**

_____ Relationship to No: 1 _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Number: _____ - _____ - _____

Email Address: _____ Age: _____ Birthdate: _____ - _____ - _____

This individual lives:

- At home with family and is a minor
- At home with family as an adult
- In an ICF/MR Community Group Home
- in a DDA home
- At private home with non family members
- at a facility

3. **Diagnosis (may attach additional information):**

4. **What is needed and why? How much does your request cost?** _____

Provide copies of any formal assessments and recommendations that support above.

5. Is the person who will use the equipment a recipient of: (Check all that apply)

- CAP – MR or CAP – C Waiver Funding Medicaid Funding
 Personal Insurance Coverage First in Families Generations-Tadpole
 Easter Seals UCP NC Health Choice Coverage
 Other: Please Specify: _____

6. List funding sources that you have approached for support and their response: (Please remember to check with local civic groups, churches, First in Families, Generations Tad-Pole, Easter Seals UCP, Family Support Network of NC, CAP-MR, NC Health Choice, Private Insurance, Any Entitlement Program, etc)

<i>Name of Organization</i>	<i>Response to Request</i>	<i>Date Received</i>
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Add others on back if necessary:

7. Tell us about your family:

- A. Parents Married Divorced Separated Deceased

1. *Father's Name:* _____ *Age:* _____

Address (if different from above) _____

City: _____ *State:* _____ *Zip Code:* _____ *Tele:* _____ - _____ - _____

Employed Retired ANNUAL INCOME: _____

Occupation: _____ *Employer:* _____

2. *Mother's Name:* _____ *Age:* _____

Address (if different from above) _____

City: _____ *State:* _____ *Zip Code:* _____ *Tele:* _____ - _____ - _____

Employed Retired ANNUAL INCOME: _____

Occupation: _____ *Employer:* _____

B. Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

8. Please explain any financial hardships or circumstances that would document your inability to afford the equipment requested.

9. Please discuss any hardships (other than financial) that not having this equipment funded will cause on the family or this individual? (Answer concisely below)

10. If funded would you agree to furnish the Foundation with information (via video or pictures, along with written narratives) twice during the first 24 months after the equipment is received? This information would be used as advertising that explains what the Foundation does and who and how it helps?

Yes No